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HEALING AS WHOLENESS

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HEALING AS WHOLENESS

By Sister M. Loyola

The inner harmony achieved by well-being, integration, self-acceptance, and freedom is known as wholeness. While wholeness is not absolutely dependent upon health, it is certainly very closely related to it.

HEALTH

It is inevitable, then, that such a powerful determinant of what we are and do, enjoy and achieve, hope for and give must have a near-sacred value for humanity. Its absence is a tragedy we expect an explanation for, and its restoration a theme which relates our own small individual history to the great well-spring of all healing, the God who is all in all.

The wholeness and freedom of function flowing from health are celebrated as blessings in the sacred writings of many great traditions. In man's dreams of earthly happiness, health is seen as the first element of prosperity.

INTEGRATION

Jesus, the "man for others," Risen Lord as well as Suffering Servant, is history's best exemplar of living integrated personhood. His personal wholeness was achieved within the mystery of divinity-walking-the-earth. The marvel of this achievement, the magnitude of this gift, has placed all men in the position of be-

ing unable to reach their own wholeness outside of His, no matter how little they may know this. Seeing the delicate attention Jesus, in accord with the tradition to which He was born, gave to health as a sign of salvation may lead us to a better grasp of the meaning all healing ministries have.

Man is called to this same "self for others" vision of himself. Until he reaches it, he is crying out from the center of his loneliness and despair. There are no winners in this silent war for selfhood except those who come to an acceptance of the truth that "to live is Christ and to die is gain." In the profound sense the seed, to live again, must truly first rot in the ground. All self-styled hopes must again and again be abandoned and one cannot at any moment presume the final combat waged.

Yet the struggle bears fruits. These are met with now and then in the privileged race of human beings we encounter as living at peace within and being deeply able to create unity, to recognize the potential and actual depth in others and to know the difference between the two. They bring about freedom and hope in ways as unemphatic as the manner in which they enter a room or contribute an insight to conversation. Joy comes with these people because the tragic dimension of life is at the very core of their integration and they live superior to it by meekness and openness to love, by their intimate response to the ultimate mystery which they in turn have the power to mediate to the hearts of others.

Wholeness at this level is far more than organic fitness, and it can often enough assert itself independently of physical health. It is more radically achieved than bodily integrity and belongs to a high order of awareness.

Poverty *Patna, India*

"Healing means reuniting that which is estranged, giving a center to what is split, over-

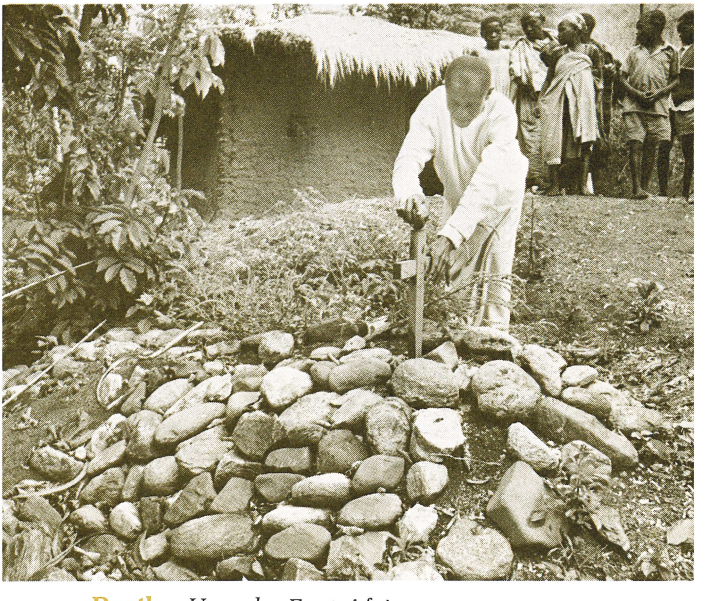
Anguish *Patna, India*

coming the split between God and man, man and his world, man and himself." (Paul Tillich)

Hunger *Patna, India*

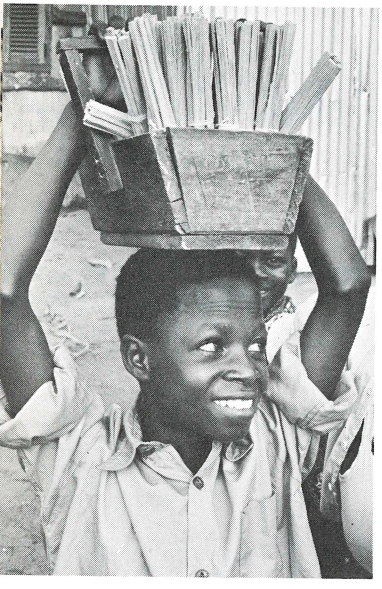
Fear *Quinhon, So. Vietnam*

Sickness *Quinhon, So. Vietnam*



Death *Uganda, East Africa*

Be alive to the "signs of the times" . . .



Harmony *Ghana, West Africa*

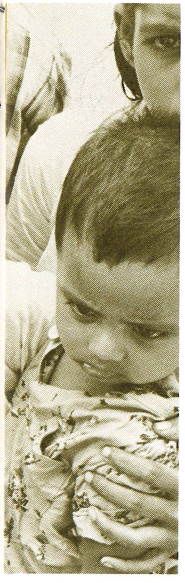
Wholeness *Thuruthipuram, So. India*

FAITH AND HEALING

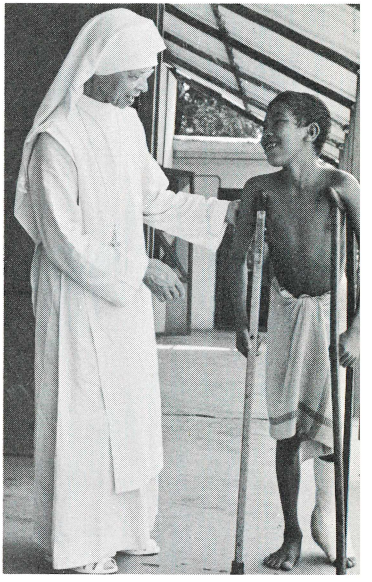
The sign of faith in Gospel times was this: believing in Jesus, men were cured from bodily ills and mental distress. The link was essential —faith, and then healing, as if humanity were fundamentally deficient without belief, as if the external change needed to be preceded by integrity within. The gift was available: faith. It became visible in health. Those who did not believe in Jesus' power were not healed. For those who were, the very fact of asking in trust proved itself to be faith. Radical healing comes through this surrender, maintained and reasserted and determining of all destiny thereafter. Faith moves mountains. It can heal humanity's splits and overcome its complexes.

WORLD'S NEED FOR HEALING

All of humanity participates in the flow of history-structuring events, but the roles, the real value of which is hidden from us, vary. They vary from the exalted ones of the shapers of this planet's destinies through the hidden and laborious contributions of the little ones who seem to have no function but that of keeping their own bodily being and narrow life-pattern intact in the midst of outwardly-imposed limitations and threats, down to those others who are society's problem-children. The growing complexity of urban-industrial life has introduced a set of disharmonies that present as their main symptom a widely-felt sense of meaninglessness at the roots of life. Modern technical man's life is arti-



A moment of truth *West Pakistan*



A ray of hope *East Pakistan*

fact and stimulus-centered and moans go up from our cities where almost all sense of the ultimates has passed away. Until men recognize that this lost portion of humanity's soul is essential to the world's wholeness, there will be very little hope for balanced collective self-awareness.

Yet we cannot but have hope. The survival of spiritual values on this earth is to be expected. Our species has shown a remarkable propensity to persist, and nothing could kill it more surely than the acceptance on a large scale of absurdity and meaninglessness at its core. The adventure of life has always had positive resonances and presents the grounds for a constantly regenerated hope. There is worth in all that is. The world is sound and history is a promise.

SIGNS AND SYMBOLS

Man, who lives so strangely between his mind's marvelously fruitful apprehensions and his astonishing thirst for the concrete, longs for symbols, great mediators of psychic mysteries. In the Christian context, we prefer to use the word "sign," knowing that the substance it points to is no less mysterious, but possesses active power, that it connotes more reality than the doings of a lifetime contain. The sign breaks through my shell and forces me to assume a position. It draws me to the powerful entity beneath. Healing is more than the restoration of bodily wholeness. It is a sign of God's life-giving love.

The Gospel recommends that we be alive to the "signs of the times."

(continued on page 14)

Parveen

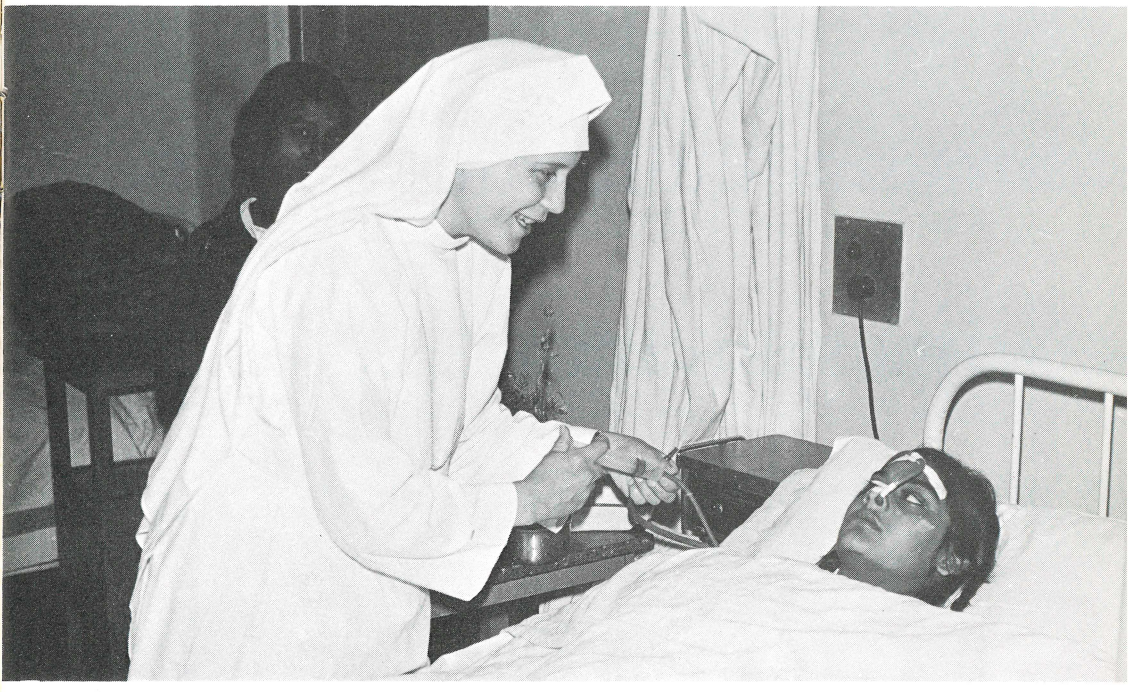
By Sister M. Petra

At 17, life is a bright beginning.

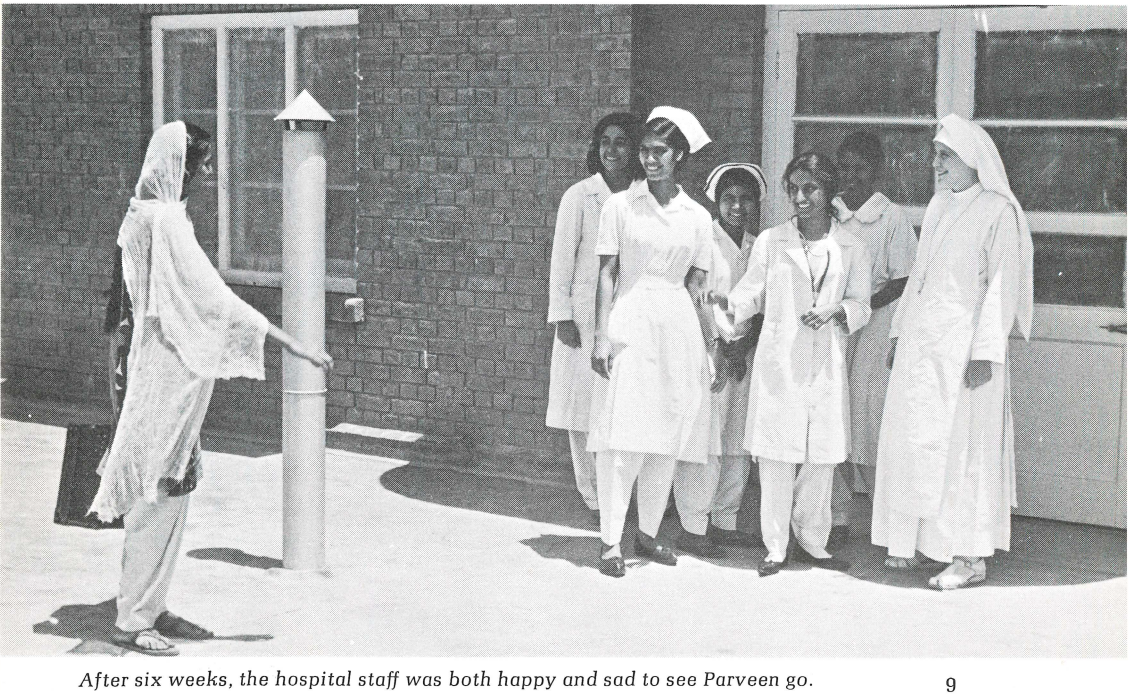
Parveen, 17 years old, wed one year. Her husband had put aside his first wife because she was unable to bear him a child. After a long, anxious wait, Parveen rejoiced one day at the first signs of pregnancy. Then all at once, a high fever, serious abdominal pain, and a wild ride to the emergency room at Holy Family Hospital, Rawalpindi, West Pakistan. Parveen's condition was diagnosed as generalized peritonitis. Doctors ordered intravenous fluids, antibiotics, and a round-the-clock watch as the young girl dangled between life and death. Her blood pressure dropped considerably, and there was an anxious moment when the hovering staff thought she might not make it. Then slowly the fever left, the abdomen became less distended, and the girl returned to life.

Parveen was a good patient, high praise for a young village girl in a new world, exposed for the first time to such frightening things as continuous gastric suction through a nasal tube. The cost of treatment was also a nagging fear. The medicines needed were extremely expensive. The family was poor. Who would pay the cost? Pakistani resident doctors came to the rescue and generously gave their precious sample medicines. With everyone's contribution, the treatment could be continued through six long weeks until one day, pale and thin and smiling, Parveen left the hospital. Her husband was overjoyed that he could take her home. Throughout her stay at the hospital, he had shown much concern for her. Perhaps his love will be strong enough to stand another childless marriage. Parveen's chances to bear a child now are very small.

Health . . . such a powerful determinant of what we are and do, enjoy and achieve, hope for and give . . .



At 17, life for Parveen came very close to being over, as Sister Petra knows.



After six weeks, the hospital staff was both happy and sad to see Parveen go.

By Sister M. Brendan

Ý

I remember quite well the day that I met Ý, age 10. It was October, but the rains had not yet started and the summer heat was still with us. A nurse aide came to me, her eyes full of concern, to report a new admission who was *dau qua* (too sick). At first sight it was difficult to tell what was the matter as chest, abdomen, right arm and both thighs were covered with finely chopped leaves and herbs. The smell of garlic permeated the air.

The woman next to the bed, obviously the boy's mother, stood up and with arms folded and head bowed, asked me to help her son. She was one of those people I liked immediately, a little village lady dressed all in black. We talked for awhile. I knew I wouldn't get the whole story until she felt she knew us better and could trust us.

"How long ago was your son burned?"

"Oh, he was just burned."

"Today?"

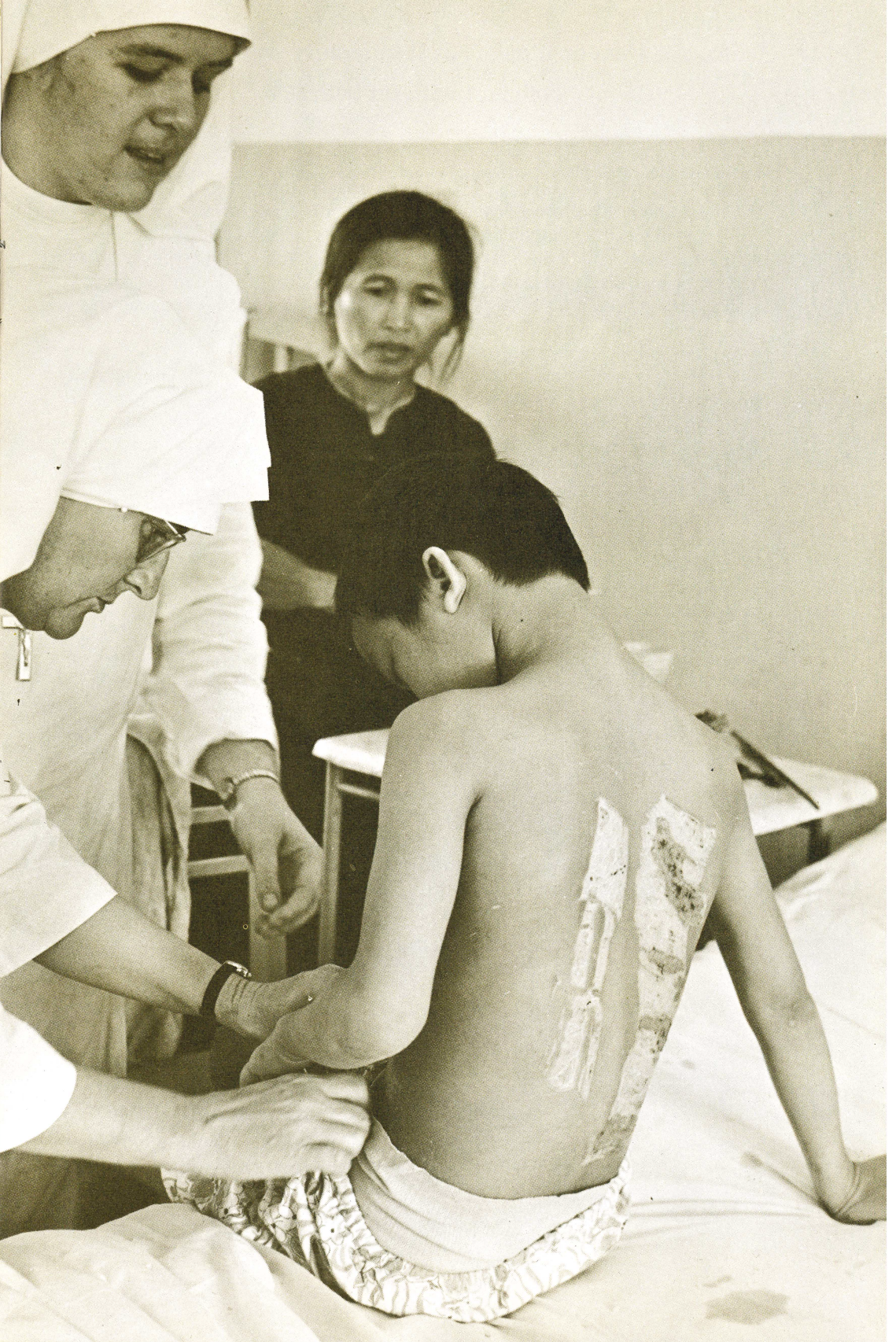
"No, just recently."

"Yesterday? The day before? When?"

"No, not yesterday but not long ago, three or four days."

"Has he had any medicine or treatment yet?"

Sister Karen (foreground) and Sister Sheila Marie gingerly dress Ý as his mother hovers nearby.



"No."

"What about all of those leaves?"

"Oh, well yes, just that and a little Chinese medicine."

Her son was really a sick little boy and I knew it would be a long, hard task to make him well. The burned areas had to be cleaned and treated, I.V.'s started, antibiotics given. The first few days Ý was too sick to care, but pretty soon he began to perk up. His eyes were most expressive and made up for his not talking much. They twinkled and laughed, got dull and sad, looked bored or afraid.

I saw his look of fear a few days after his admission when an American Army doctor visiting the hospital stopped by his bedside. Ý's eyes moved from the top of the blond head and traveled slowly down, studying each insignia on his uniform. He wouldn't talk and he refused the piece of chewing gum offered him. Why was the boy so afraid of this American? What had been told in his village? I decided to ask Ý's mother. We were friends now.

I learned that Ý was an only son and that his father had died a few months before he was born. The family's straw hut had caught fire as a result of a bomb dropped on their Viet Cong controlled village. Ý's clothes ignited as he ran from the house and he was badly burned.

Sister Virginia, Ý's doctor, ordered the crusts that had formed over the burned areas soaked off and his limbs exercised. This presented a problem since we had no tub big enough to immerge the boy in order to soak and exercise him.

The American Army doctors and G.I.'s visiting the hospital had taken a special interest in Ý and soon his look of fear turned into one of friendly acceptance. We decided to pass our tub difficulty over to the soldiers for a solution. They were delighted with the opportunity to help the boy and to do something really positive for him. They promised that they would make us a tub somehow or other.

One afternoon a big Army truck with the familiar white star backed up to the door of the hospital. The driver wanted to know where to put the tub. It was carried to a convenient spot on the second floor. To look at it one would hardly guess that it was an old oil barrel cut in half and fixed on a frame. It was elegant, but a trifle small. We measured Ý; we measured the new tub. Too much Ý. The boys were very disappointed but they were not licked. They picked up their tub and promised to be back with one that fit.

A few days later the truck backed up to the door a second time. A group of boys jumped down and lifted off the new tub. It was beautiful — a homemade wooden frame, painted blue, supported a long, aluminum shell, complete with faucet to drain the water. There was no question about it being big enough, and it even gleamed in the sun!

"What is it made from?" I asked, rubbing my hand over the smooth surface. "It's half a container of a bomb!"

Many times in the days that followed as I was exercising Ý in the tub, the thought came to me—how strange that this aluminum shell which had been such a vessel of destruction was now a saving vessel, one of healing and hope, for Ý.

Time heals most wounds, but sometimes it's hard to wait. It helps when someone understands.

HEALING AS WHOLENESS

(continued from page 7)

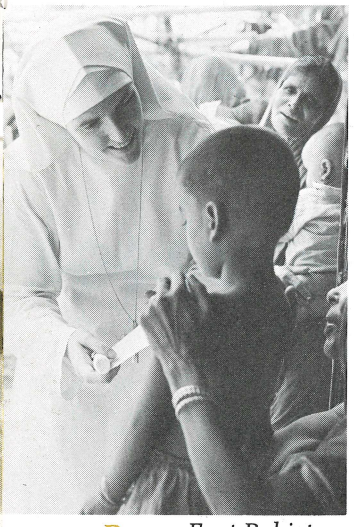
If we Christians are to be understood as exorcists of the society in which we live, if we are to "make straight its ways," we must not dissipate our energy on misguided attempts to introduce the wrong kind of symbolism to those around us. This is not in contradiction to the fact that true prophets are often misunderstood. Most of them strive mightily to deliver their message in terms accessible to their hearers. They were stoned in the past often enough *because* their message was crystal-clear, and unacceptable. A little more opacity would have assured them longer lives!

The mission of the Church today is threatened by the remnants of the past. Too often, there have been questionable admixtures to our devotedness, faith and zeal, limitations to our vision which have alienated large sections of the world's most authentic men. The thought consoled us, unconsciously perhaps, that our service was admirable enough for us not to be very concerned about the message we were supposedly spelling out through it. We have not opened our personalities very deeply to receive the contributions of other cultures and have therefore not achieved the reciprocity indispensable to true friendship. Our services were appreciated because we represented the wave of the future and brought the West's techniques and high standards to places where the need was appallingly present. But as the quantitative aspects of this service gradually swallowed up our energies, we became less and less able to enter into fruitful relationships, to heal in depth, and often enough to stick to our own standards of excellence, let alone absorb enough from our surroundings to give our Christianity symbolic value in the new context. The world may be full of anonymous Christians, as Rahner asserts, but their evolution toward a closer position in relation to the official channels of revealed religion will not be aided unless the dimension of ecumenism in the broad sense is significantly strengthened and unless our emphasis on service finds its completion in a new ability meaningfully to show forth the signs of Christ's Kingdom.

MINISTRY OF HEALING

Wholeness must be possessed before it is given. Our responsibility is great, for the ministry of God's healing love is in our hands. Healing itself is a preaching of the Gospel, but in order to be this, more than the restoration of an organ must be contemplated. Those who come to us must know that God has acted upon them in this healing event. They must gain inner strength to be more committed after the experience than before, in whichever way they can, to the task of building a healthier world, a world where evil loses its ability to paralyze good. The community at work in the sphere of healing must come through as an active, collective sign of God's people whose one expectation is the coming of the Lord. Our integration takes place in

Our responsibility is great, for the ministry of God's healing love is in our hands . . .



Dacca, *East Pakistan*

Patna, *India*

Bombay, *India*

New Delhi, *India*

We are called to "heal in depth" . . .

Mymensingh, *East Pakistan*

We are called to help others give a personal name to the Lord they seek . . .

Ghana, *West Africa*

the time of tension between Christ's coming in the past and his return to fulfill all things. Within this time, we have the power of welcoming and giving scope to innumerable new Christ-events, and it is to this that we are called.

The tasks of life are ours for the doing once selfish goals and inconsequential agitation have been eliminated. We are called to help others give a personal name to the Lord they seek. This is done by listening and learning to be pure receptivity to the speaker and the Spirit, a sort of link between them, if the grace is given, and an utterer of God's words as suited to the setting. We should find our joy in helping others bring the self they deeply want to be into the light of day, coming beyond years of inner solitude, walls of hardness, abysses of fear, vast frightening areas of timidity and doubt. This is done by listening and by learning to be pure receptivity to the man or woman walled in loneliness. I am responsible for every person I diminish by non-acceptance. To each I must bow humbly until I have learned the stammering words in which respect is real, patience unconditional, the hope of reconstruction genuine.

The task of being artisans of wholeness demands a constant venturing into the unknown in a spirit of creative fidelity. It is always full of hope, inspired by the permanence of God's Word and the faith which is both gift and task. Health must embrace the whole man, and it comes to him through humble hands and the rich varieties of love's ministries. ■ ■ ■

food in the

I have reddish hair,
but I'm not ill.
I'm Scotch! (Nigeria)

Diet, so important a factor in healing, brings Sister Philip to the market daily. (Uganda)

fight against disease

By Maurice Moyal

One of the reasons for the disturbingly high mortality rate among babies in Central Africa is protein deficiency occurring shortly after weaning. This is because there is no transitional feeding plan between the diets of infants and adolescents. During this dangerous period, the incidence of serious malnutrition is high. This form of malnutrition is described as *kwashiorkor.*

To establish definite relationships between dietry habits and the appearance of the condition *(kwashiorkor),* define its clinical signs and study the role played in it by other factors such as tropical parasitism, Marcel Autret, a French bio-chemist, and Dr. J. F. Brock, M.D., of South Africa, were sent to Central Africa.

Traveling by jeep, foot and dugout, the team toured from Zanzibar to Dakar, from Kenya, Uganda, Burundi, Congo and Nigeria to Ghana, Liberia, Gambia, and the dozen lands in French-speaking Africa south of the Sahara.

According to their findings, the disease presents pathological signs which can be divided into four categories:

1. A protein deficiency leading to a serious condition of nutritional edema in the form of a swollen belly.

2. A more specific deficiency in certain fatty substances, and perhaps some factors in the vitamin B group, leading to fatty liver diseases.

The time shortly after weaning is crucial. This Ghanaian child needs a diet rich in proteins.

Even after recovery from *kwashiorkor,* the protein deficiencies taking place during and after weaning may well be translated into chronic lesions of the liver and perhaps of other organs as well. It has an adverse effect on the child's whole future growth. This deficiency, leading to a high susceptibility to infectious diseases and mortality, helps to explain the lack of energy and consequent backwardness of certain Africans.

3. Anemia associated with a poor content of serum albumen in the blood.

4. A "depigmentation syndrome" characterized by soft, straight, red-brownish hair and a somewhat less discolored, harsh, dry skin. This depigmentation process may at times be misleading. On one occasion, Autret came across a boy in a northern Nigerian village who presented the depigmentation symptoms, but seemed otherwise in the pink of health. Autret, puzzled, inquired about his origins.

"Oh, Jauro's father belonged to another tribe up north," the local elders assured him.

"But what tribe?" he persisted.

"The Scotch tribe."

As the Africans did not understand the questions asked by the scientists and much less the purpose behind them, the team at first experienced great difficulties in ascertaining quantities of the types of food consumed by local folks in their own natural environment. Ugly rumors were circulated against the *toobaboos* (white doctors) by the guild of medicine men and witch doctors.

But apprehensions and prejudices soon faded before the team's helpful and sympathetic attitude. At each village where they stayed, a steady stream of patients, warned of the *toobaboos'* arrival by the "talking drums," soon began beating a path to the guest house from all the surrounding country. The team treated a multitude of disorders, delivered babies and performed minor emergency operations in between regular tours of devoted medical missionaries.

The team had to fight an uphill battle. Although Africans have

A good diet begins right here, with a field and a hoe. (Uganda)

learned from experience to value the white man's modern medicine, superstitious ideas about the cause of disease and other misfortune are still prevalent. Some are only too prone to suspect that such are due to the ill-will of some real, live person, or some disembodied spirit, and never to natural causes and the breach of the laws of health. Accordingly, it is a tough job indeed to get them to pay any attention to rational treatment, either preventive or curative. All they want in life is a "strong *ju-ju*" to rid them instantly of the supernatural evils plaguing them.

Eventually free medical consultations, coupled with unalterable patience, succeeded in dispelling the initial mistrust of housewives. When it finally dawned on them that the inquiry was all to the good of their children, whom they love as dearly as any other mothers the world over, they tried to grasp what was required of them and proved far more cooperative.

After a seven months' tour, the team returned with a wealth of new notions which have greatly added to our store of knowledge of the etiological factors of *kwashiorkor,* and thereby to our means of providing proper medical treatment to combat it.

It appears that the complaint should readily respond to a milk drink based upon powdered skim milk, wheatmeal biscuits, yeast tablets, and other products rich in proteins. This diet would supply both mother and infant with the extra proteins, calcium and vitamin B they need.

Thanks to the untiring efforts of such teams of medical workers for whom dangers, wild beasts, tsetse flies, discomfort, prejudices and inhuman loneliness are all in the day's work, malnutrition and its ugly sequel of crippling diseases are at last beginning to be viewed not as mere acts of God but as curable and preventable evils. We in the western world have at last realized that we are our brothers' keepers. Helping developing nations plan their nutritional programs is indeed a testimonial to the new altruistic spirit of our time.

AN UNEXPECTED INCREASE

By Sister M. Ella

There were six in the family to begin with, and they lived three miles away from Holy Family Hospital in Bombay. Their home was across the Mahim Causeway, in full view of the hills, with the Western Ghats on one side and the beauty of Our Lady of the Mount on the other. Thomas and Bertha. Both were nearing 40 years of age. Two boys and two girls, ranging in ages from 9 to 17, completed the family. Thomas was employed in an office, but with careful planning was able to care for and educate his four children.

Bertha first reported to one of our doctors at Holy Family Hospital early in February. Examination revealed little more than the fact of her pregnancy. Her only complaint was of generalized pain. Her answers to the doctor's questions supplied little information except a discrepancy between the date of her pregnancy and when Bertha thought it should be.

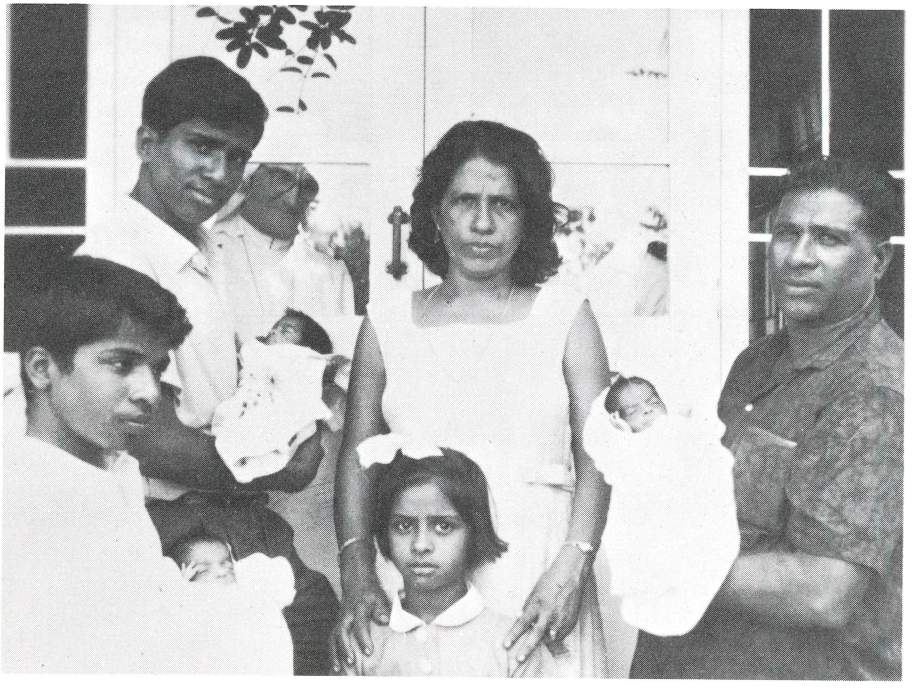
Two weeks later I had the pleasure of meeting Bertha for the first time at the antenatal clinic. From then on I was filled with compassion for her. Life seemed to be truly a burden for her, yet I could not imagine why. Her husband was a cheerful, courteous gentleman. Her children were doing satisfactorily at school. Her limited knowledge of English was no doubt the reason for her not going into details concerning her difficulties. My knowledge of Hindi was of little help because Bertha spoke Konkoni, one of the seven languages used in this part of Bombay. Truly one needs "the gift of tongues" in such a place, for no one language will carry you very far.

Bertha came in again the following week, obviously feeling very uncomfortable. This time I strongly suspected that she might have a multiple pregnancy. We could have proved it by X-ray, but this costs money as we do not have an X-ray here at this little hospital as yet. We were reluctant to ask her to spend money on an X-ray unless it became an absolute necessity. There were no signs then of a premature labor but she obviously needed help, so we soon admitted her to one of the wards. She was a quiet, silent, patient as so many Indian women are, and she was in much pain.

Two nights later I had a sudden call from the Senior nurse on duty. "Sister, come immediately, Mrs. Bertha is in labor. We have admitted her to the delivery room, and there is something that isn't normal." In a moment I was upstairs at her side and one glance showed me that the nurse was correct. As I prepared to help, I was suddenly reminded of the story of Jacob and Essau, for two "babies-to-be" were struggling to get into the world together. The winner was a small but vigorous little girl of three pounds, two ounces. Next came the "original number one," almost on top of her sister—three pounds, one ounce. The mother sighed passively, as though trying to accept a double birth with all its consequences. But we, the midwifery staff, looked at one another. We knew the increase was not finished. Silently we prepared for another advent into the world and within 15 minutes there appeared number three, a little asphyxiated baby girl whose weight, we discovered later,

1 2 3

Bertha and Thomas and their sudden increase.



Those who come to us must know that God has acted upon them in this healing event . . .

was three pounds.

The cry of the third baby brought the mother out of her lethargy. "Sister, twins were bad enough, but triplets! What will my husband say? And the children?" All I could say was, "But see how God has blessed you after nine years without any babies." I shall long remember the expression in her voice when she answered. "But Sister, if you could see the size of our one room home. Where shall we keep three new babies?" All this was said haltingly and slowly and with great effort. I knew only too well the overcrowded conditions in which too many families have to live.

Already my mind was struggling with the more immediate problem of keeping the triplets alive. Although we are a small hospital of 34 beds, we sometimes have as many as five premature babies at one time. The life expectancy of premature babies is not very high. In our hospitals we keep them until they are at least five pounds and in good condition, but it is a real struggle to keep them alive.

Bertha begged us not to give the news of the triple birth to her family, in particular to her oldest son who was taking his matriculation exam that very week. She was afraid he would be so upset that his work might suffer as a result. The second son came to see his mother that morning, and she told him about his two new sisters (not three!). The father and the youngest daughter arrived early in the afternoon and I showed them the three small mites lying side by side in adjacent cots in the newborn nursery. The father smiled, a little overawed by the sudden increase in his family. He seemed happy about it. The little nine-year-old positively danced for joy. "We'll all help you, mummy," she said.

"See how pleased they are, Bertha," I said. "If only our one room was larger," she replied. "Never mind," said the father. "Joseph will soon be getting married, and by the time these little mites grow up the others will be leaving us. Then we will have only these three. Don't worry, God has provided for the first four. He will provide for these." That did it. Bertha finally relaxed.

Meanwhile the news spread outside the hospital. Twice we received gifts of clothing, baby blankets and toys for the triplets. On the eighth day, the mother was discharged from the hospital, but the babies remained. They needed the care of those trained to look after premature babies. After three weeks, the parents requested that the babies be baptized. A priest from the parish Church arranged to come to the hospital one morning together with the parents and as many of the relatives who were free to come. The babies were taken to the chapel and solemnly baptized: Sharon, Shirley and Susan, names chosen by the dancing nine-year-old sister.

One by one, the babies were discharged as they passed the five pound weight test. This gave the mother time to get used to handling one, two and finally three babies at once. The triplets had almost become a part of the nursery during their long stay with us. We see them occasionally in the out-patient department for minor ailments, but now Bertha has a big smile on her face. Her triplets have become the center of attention wherever they go.

MARY

the Virgin Mary in her own life lived an example of the material love by which all should be fittingly animated who cooperate in the apostolic mission of the Church.

constitution on the Church.

MARY

POSTMARKED from our houses

UGANDA

Opening Day

We had the ground breaking ceremony for the new cathedral and the official opening of our new nursing school on Sunday. It was a lovely warm day and many people came for the occasion. Bishop McCauley turned over the first spadeful of dirt, and he gave a beautiful and enthusiastic sermon on the erection of a fitting temple for the honor of God. The opening of the school was a second thrill for all of us. The German Ambassador cut the red ribbon and the Bishop blessed a beautiful crucifix which he gave to us. Then he went through the school, blessing each room. The Bishop, the German Ambassador, Miss Kiwanuka, Chief Matron at Entebbe, and Sister Gregory said a few words. Then followed a tour of the school and an outdoor tea.

Sister M. Amata
Holy Family Hospital, Fort Portal

VIETNAM

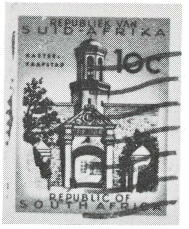
Christmas

For two years in a row we planned to have Midnight Mass with some of the American military stationed here, and for two years in a row because of strict curfew, the Sisters were the only participants at the Mass in our chapel. This year, however, there was about 40 guests with whom we shared our Christmas joy. We sang the Mass in English and all sang out loud and clear on the traditional Christmas carols at the entrance, offertory, and recessional. The boys sang with all the spirit of the feast, and we all prayed together for peace in this troubled country. After Mass we had coffee and Sister Elise's Christmas cookies, and found out that we were quite ecumenical, as there were many Protestants and even a Jewish boy at Mass.

At 2 p.m. on Christmas Day an Army bus came to take us to Cardinal Spellman's Mass at 3 p.m. It was well attended and held in an open hanger on the airfield. I think all of the boys appreciated the Cardinal's coming to be with them on Christmas. It was a real sacrifice for him, I'm sure. After the Cardinal's Mass, we invited an American Army chaplain and some of the boys to come to the hospital and relax before our tree. The first remark out of one of the young soldiers was, "Gee, look, a real Christmas tree!"

One of our nicest Christmas presents was in the person of Sister Rose Clare, who arrived from India on the 23rd. She went along with a group of carolers on Christmas Eve through our hospital and all

WASHINGTON, D.C., MOUNTAIN VIEW, CALIF. ■ **VENEZUELA**— MARACAIBO, CARIPITO, JUDIBANA ■ **GHANA**—BEREKUM,



■ **CONGO**—MPENDZWA, KIRI ■ **MALAWI**—PHALOMBE ■ **KENYA**—NANGINA ■ **ENGLAND**—SOUTH SHIELDS, OSTERLEY

through the Provincial Hospital on the other side of town. The group consisted of doctors and nurses from New Zealand who are with the USAID surgical team at the Provincial Hospital, three English women with the "Save the Children Federation," a few Naval and Army officers, and about seven of us. All of the carolers enjoyed it very much and the patients seemed to appreciate it too. We're back to everyday life now until the next big feast, which for the Vietnamese will be Tet, the lunar New Year on February 9. May I wish you a very happy New Year and also a very happy Tet.

Sister Brendan
Holy Family Hospital, Quinhon

GHANA

New Approach

Some of us attended the ten-day course on a kerygmatic approach to Christian doctrine given by Father Hofinger, S.J., in Kumasi. The talks covered doctrine, liturgy, life of Christ, sacraments, and methods of teaching. Evenings were left open for discussions to plan more direct and practical methods for conveying Christ to Ghana. About 550 people attended, including 45 major seminarians, Ghanaian Sisters from four different communities, secondary school teachers, White Fathers and White Sisters, Franciscan Missionaries of Mary, Dominicans, Sisters of the Sacred Heart (French), SVD and SMA Fathers from three different dioceses, Holy Child Nuns, OLA Sisters, Grail members, Holy Cross Brothers and ourselves. The highlight of each day was the concelebrated Mass at noon, with 20 to 30 Fathers participating. Father Hofinger gave four hour-long lectures daily. We came away with many ideas for our apostolate.

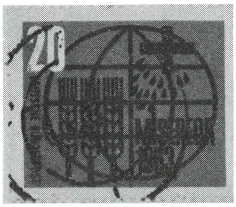
Sister Regina Marie
Holy Family Hospital, Techinan

ROME

Have You Heard?

Have you heard about the Bingo parties which Kokofu has weekly and the need of 17 prizes each time? The prize sometimes is a mere lead pencil or a used postcard—all very simple. When Mother Dengel was last in Kokofu she had promised Bingo prizes, so we started sending a few lightweight objects, like hankies. When the Sisters wrote to thank us, they said, "Hankies are treasured here and used for everything. Most are used just for 'fancy' and others

TECHIMAN, KOKOFU ■ **UGANDA**—FORT PORTAL ■ **PAKISTAN**—RAWALPINDI, KARACHI, DACCA, MYMENSINGH



GERMANY—ESSEN ■ **HOLLAND**—HEERLEN, UTRECHT ■ **INDONESIA**—MAKASSAR, SURAKARTA, PARE-PARE, LAWANG

to record memorable experiences. One of our staff members at Techiman had loaned a driver money before the driver took off on a trip. The driver never returned. Gone was the young man's money. But he consoled himself with—guess what—a HANDKERCHIEF, made to order with crocheted edge and with an embroidered inscription, 'Some people are like that.' And the affair was finished." Can you think of a nicer use for a handkerchief?

Sister Loretto
Generalate, Rome

INDIA

Third World Conference

Sister Fides and I attended the Third World Conference on Medical Education in New Delhi from November 20 to 25. This conference, the first of its kind in India, was attended by nearly 800 doctors, scientists, economists and sociologists from 50 countries. Simultaneous translations into English, French and Spanish were available. The theme was "Medical Education — Factor in Socio-Economic Development."

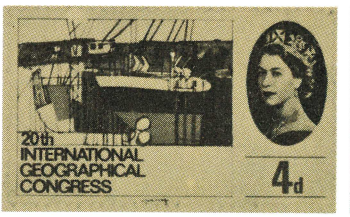
The Indian President, Dr. Radhakrishnan, inaugurated the conference. He urged that there be free flow of medical knowledge and benefits of medical research from the developed to the developing countries. No advancement of any kind was possible in any country, he said, if its people were physically unfit.

During the six days many topics pertinent to medical education, especially in developing countries, were deliberated upon, such as the great need for more doctors, the rapid expansion of medical schools with the resultant lowering of standards, the paucity of properly qualified and experienced teachers, the need for evaluation and revision of teaching methods, the "brain drain," i.e., flight of doctors from developing countries because of better opportunities and facilities in the advanced countries, the role of preventive medicine and public health, etc.

It was brought out that medical education is a big factor in the socio-economic development of countries. Doctors were expected to be able to assess the present deficiencies and foresee the needs of their homelands in order to help their own countries to plan accordingly and effectively.

Sister Alma, M.D.
Holy Family Hospital, New Delhi

■ **INDIA**—PATNA, MANDAR, BOMBAY, NEW DELHI, POONA, KODARMA, THURUTHIPURAM ■ **VIETNAM**—QUINHON



■ **INDIA**—BHARANANGANAM, CHANGANACHERRY, KOTTAYAM, ITHITHANAM, MUNDAKAYAM ■ **PHILIPPINES**—LIPA CIT

UGANDA

Delighted To Be Here

I am writing to tell you how much I am delighted to be here in Uganda! The country is really beautiful and the people are friendly and quick to smile.

I arrived in Entebbe about 1:30 p.m. on a Sunday. The Customs Officer seemed very suspicious about the guitar case. For a minute I thought I would have to take it out and play it for him to show him what was in it and to prove that it was for my use. However, all went well. The trip in the airport bus to Kampala was like turning the pages of a National Geographic magazine. The air was extremely clear and the landscape vivid.

I was glad to know a little Swahili on the train to Fort Portal. Most of the men here speak Swahili as well as their own language. It appeared that this was going to be a long, lonely ride, so I took out the guitar to keep me company for a while. While I was playing, it seemed like everybody on the train was walking around. They appeared to be going back and forth past my place. Now and then one would peek around and smile.

After a bowl of soup and a cup of tea, I settled down for a long night. We covered the 200 miles to Fort Portal in 15 hours. On the afternoon of the very day I arrived, there was a program of tribal dancing at one of the local schools. It was a real treat to see the colorful display of dancing and music typical to the various tribes in these regions. For sure I knew I was in Africa that day.

Sister Simon
Holy Family Hospital, Fort Portal

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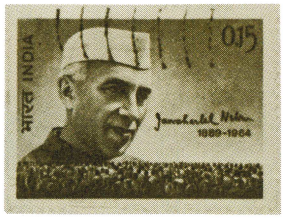
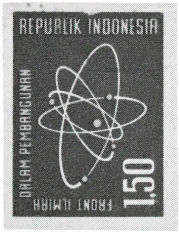




EAST PAKISTAN

Just as Much

A young man working in our hospital has a ten-year-old son named Sadik. He may not live much longer because of a blood disease which necessitates one or two transfusions a month. Sadik's father is so thin that he doesn't pass the first requisite for blood donors—that they weigh at least 110 pounds. Many times Peace Corps boys have given blood for the child.

One day an American boy about 12 years old was admitted to the hospital. When he began to feel better, he visited around the hospital. One day he asked me, "Sister, what's the matter with the little boy with the big tummy?" I told him as simply as I could. Jimmy said, "Will he die?" I replied that he would probably die very soon. Jimmy looked at me and said, "Does he know?" "No," I said, "I don't think he does, but it isn't good to tell him now. Only God knows when people will die and we must try to keep them well until God calls them to His home. Anyway, Sadik is a very good boy and God will be pleased with him any time He wants to take him." Jimmy didn't ask any more questions. He just looked thoughtful. The next day I saw him playing with Sadik, and in Sadik's hand were all kinds of candy that mom and dad had sent Jimmy during his hospital stay. Jimmy asked me if I would take them both outside to fly the kite he had made. "Sadik would like that," he said. Until Jimmy left, Sadik had a real friend, and I suspect that Jimmy grew older in wisdom and understanding in those few weeks. Jimmy couldn't give blood, but he gave Sadik something he needed just as much—encouragement and love.

Sister M. Rachel
Holy Family Hospital, Dacca

your will

Your will can help the Medical Mission Sisters bring Christlike charity through their medical work to areas of greatest need around the world. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

HIGHLIGHTS

September, 1966, went down in the history of India as the month which gave the country its 500 millionth citizen, according to an Associated Press report . . . India now has more people than the combined total of the United States, the Soviet Union, Canada, Mexico, Brazil, England, France, the Federal Republic of Germany, Australia and Japan. Only Communist China, with an estimated population of 750 million, surpasses India.

India baby No. 500,000,000 faces grim prospects for his life on the subcontinent: one chance in four of learning even to read or write; a life expectancy of 45 years (less if the baby is a girl), compared with 70 in the United States; an average income of 324 *rupees* ($42) per year, or 13 cents per day (he will spend eight out of every 10 rupees on food alone); one chance in 140 of ever owning a radio; one chance in 1,000 of owning a telephone; and one chance in 3,000 of buying a newspaper.

But one thing that the baby can count on is that he will get married. (Only one out of every 12,500 Indians stays single; and those who don't, mostly marry young and have lots of children.)

Because of insufficient and poorly balanced diet, contaminated water and unsanitary surroundings, the baby will have to fight illness and disease. Cholera is endemic and cases of tuberculosis countless. An estimated 10 million people are ill in India each day, yet the average expenditure for drugs and medicine is 39 cents per person per year.

THE ASIAN STUDENT
October 8, 1966

"The Council intended to give a new and great impulse to the missionary apostolate. It explained its doctrinal principles, described its essential manifestations, recalled its basic methods and needs, indicated particular developments, exalted the protagonists, the missionaries, in other words, showing how necessary to them is the support of a very vast, varied and faithful organization, and of an increasingly wider and more complex cooperation, a cooperation to which the voice of the Council has invited not only those who are willing, but all those who make up God's people, and not with optional proposals but with preceptive instructions. The Church has placed itself in a state of mission; the entire Church wants to be missionary.

". . . Continue to breathe 'the Council's missionary climate,' to spread the missionary spirit; let it penetrate into your souls! It is a Pentecostal wind!"

Pope Paul VI

& INSIGHTS

HIGHLIGHTS & INSIGHTS

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. The health of all peoples is fundamental to the attainment of peace and security, and is dependent upon the fullest cooperation of individuals and States. The achievement of any State in the promotion and protection of health is of value to all."

Opening paragraph of
the WHO Constitution

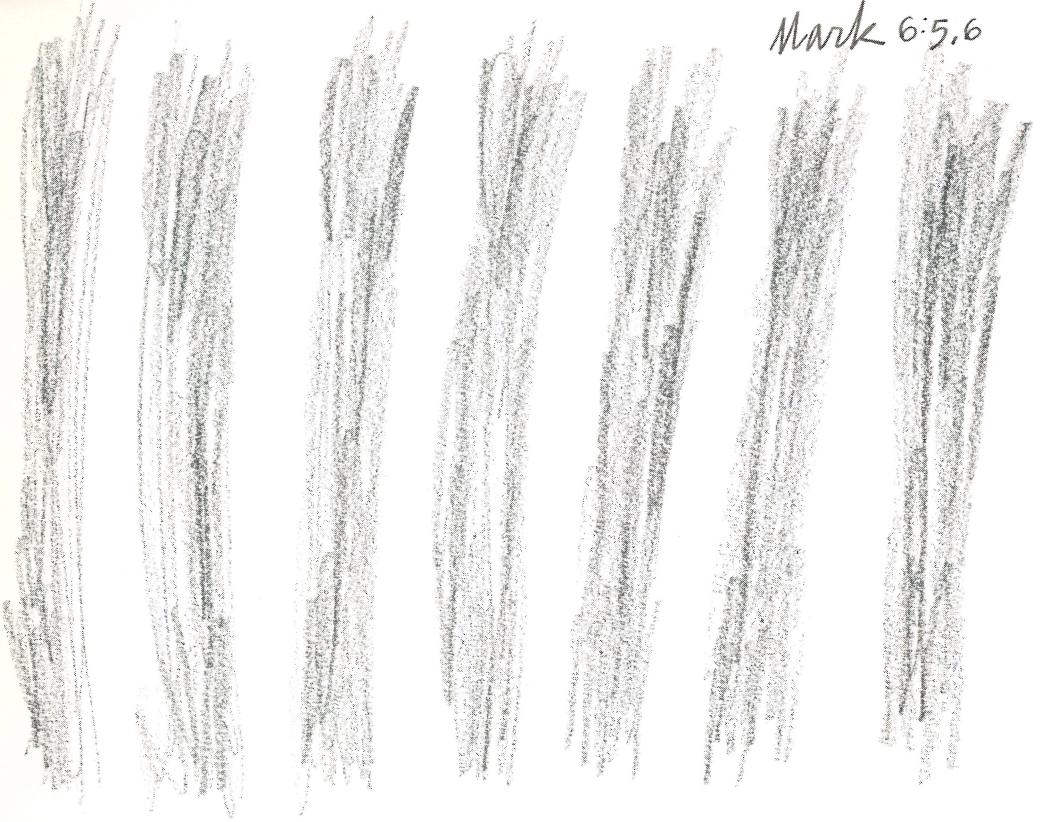
No deaths from malaria have occurred in Venezuela since 1962. The achievement is the more remarkable when this fact is compared with a yearly average of 7,000 deaths 30 years ago and with as many as one million people affected by the disease. Malaria then was one of the first three causes of death in Venezuela. This does not mean that the scourge has been entirely eradicated in the country. Even with the progress made, it is estimated that 5,000 people are still suffering from malaria. But the prompt treatment of malaria patients has caused the death rate to drop to zero. Venezuela is today the third country in the world with the largest malaria-free area in relation to its population. The first is the United States and the second Soviet Russia.

VENEZUELA UP-TO-DATE
Spring-Summer, 1966

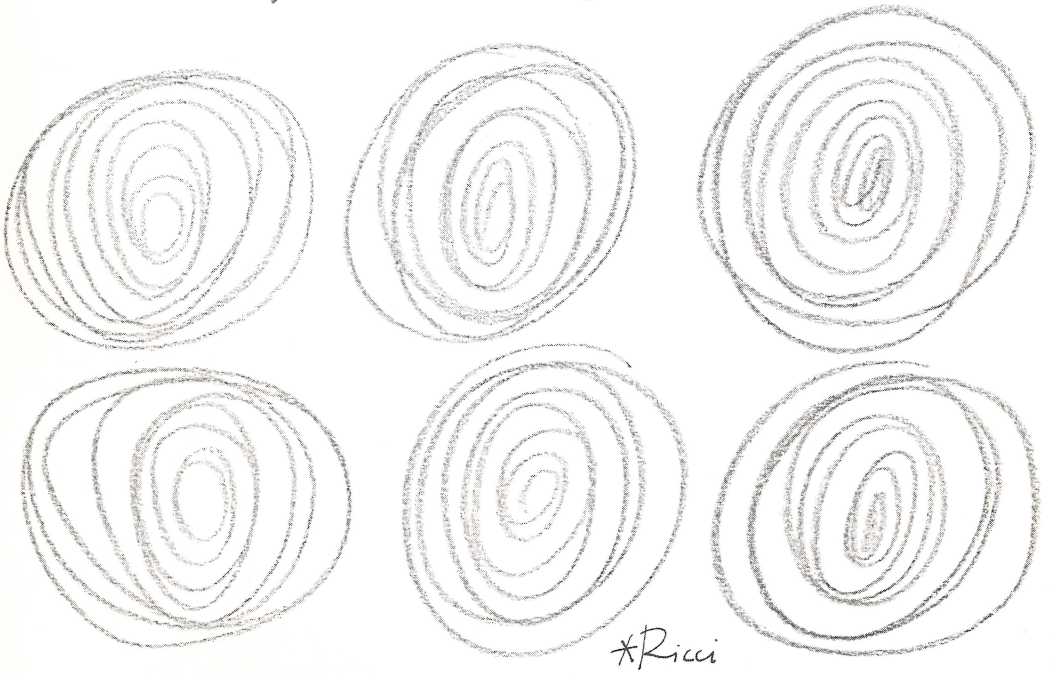
"Care of the sick, in addition to its image of charity, has also acquired the aspect of social justice. The medical work of the Church is taking on more and more the character of a social service and must integrate as such into the entire social fabric of a country. This necessarily implies that the institutions for the sick, as part of the public good, in the whole of the health service, will have to fulfill some particular function which cannot be determined entirely by themselves, but which can and should be delineated only in consultation with authorities, departments and associations which are responsible for public health and welfare. This being true, it stands to reason that for all health institutions, and for Catholic ones in particular, group thinking and group action have become essential."

Msgr. A. A. M. Sanders
Secretary of the International
Confederation of Hospitals

Mark 6:5,6



"As many as touched his garments were made whole.



*Ricci

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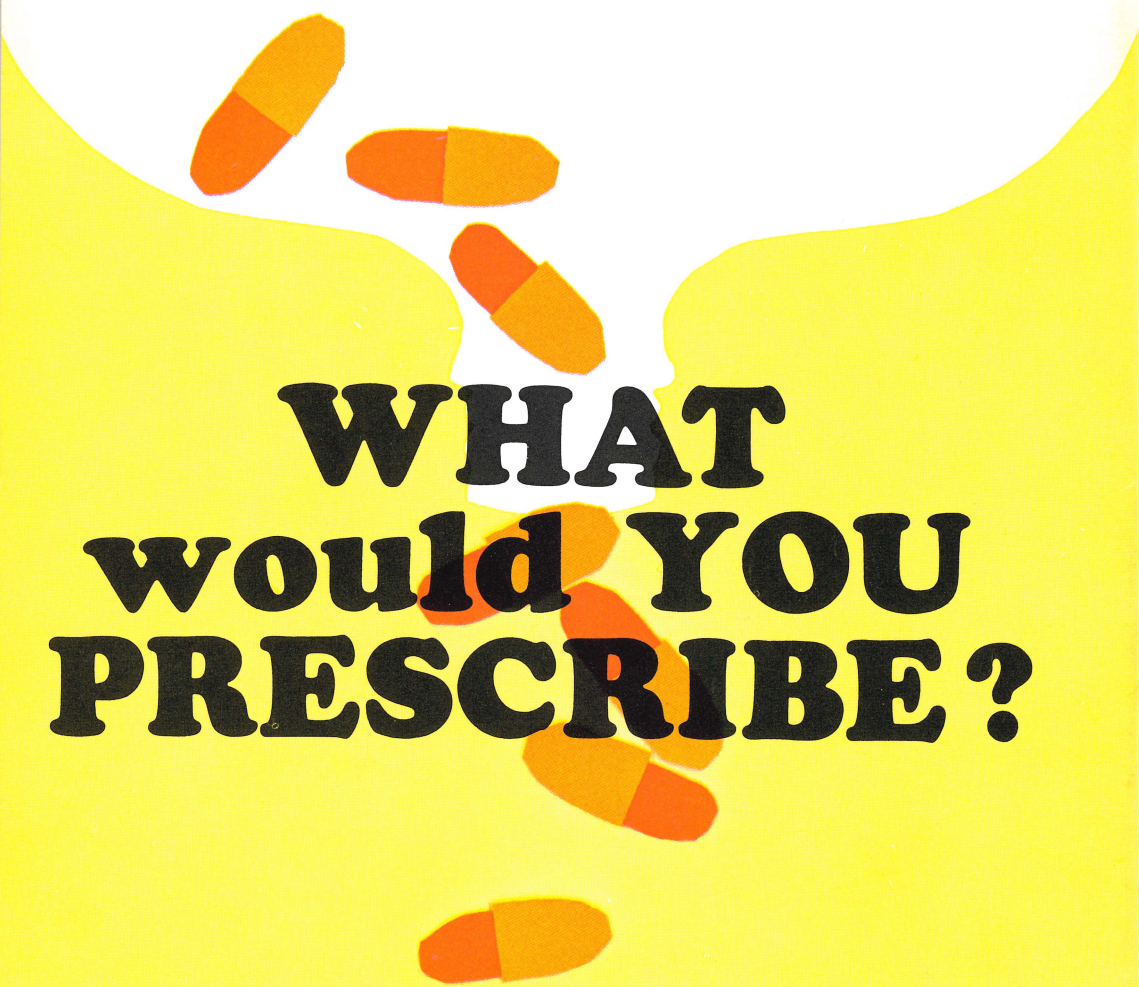

WHAT would YOU PRESCRIBE?

The pharmacy at Holy Family Hospital, Techiman, Ghana, is not well enough equipped to answer. It needs supplies.